Iowa Department of Administrative Services – Human Resources Enterprise (DAS-HRE)

NONCONTRACT GRIEVANCE FORM

For	DAS-H	RE Us	e	

Name of Employee (Grievant)	Social Security Number	<u>Department</u>	
Classification	Work Unit	Immediate Supervisor	
Work Address	City, State & Zip Code	Work Phone Number	
Home Address *	City, State & Zip Code *	Home Phone Number *	
Employee's Signature *	Date *	 8A Subchapter IV/70A Code Section or DAS-HRE Rule 11 IAC Violated **	

State the issue involved and the date the incident took place:						
Remedy Requested:						
Remedy Requested:						
Remedy Requested:						
Remedy Requested:						
Remedy Requested:						
Remedy Requested:						
Remedy Requested:						
Remedy Requested:						
Remedy Requested:						

IF THE ISSUE INVOLVES SUSPENSION, DEMOTION, DISCHARGE, OR REDUCTION OF PAY WITHIN GRADE OF A MERIT SYSTEM COVERED EMPLOYEE WITH PERMANENT STATUS, THIS FORM MUST BE SUBMITTED TO DAS-HRE AT STEP 3 WITHIN SEVEN (7) CALENDAR DAYS AFTER THE EFFECTIVE DATE OF THE ACTION. SEE DAS-HRE RULE 11 IAC 61.2(6).

This form may be faxed to 515-242-6450, hand delivered to DAS-HRE or mailed to: Director, Iowa Department of Administrative Services – Human Resources Enterprise, 1305 East Walnut, Des Moines, Iowa 50319.

The Iowa Department of Administrative Services – Human Resources Enterprise <u>Does Not</u> Accept E-Mail Filings of Grievances.

^{*} Required Information

^{**} Must be completed if other than an 11 IAC 61.2(6) Appeal

STEP 1 RESPONSE						
Supervisor's Signature	Date Received	Date Answered				
Disposition of Grievance:						
STE	EP 2 RESPONSE					
Management Representative's Signature	Date Received	Date Answered				
Disposition of Grievance:						
STEP 3 RESPONSE						
DAS-HRE Representative's Signature	Date Received	Date Answered				
Disposition of Grievance:						